

Name
in
Full

James Brittingham

200
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke</i>		Town		<i>Worcester</i>		County		MARYLAND	
Date of death 1909		Month		Day		Years		Months	
September		14		Age		26		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Somerset Co Md</i>					
Married, Single <i>Married</i>		Occupation <i>Laborer</i>							
Name of Wife or Husband <i>Amelia E. Melley</i>									
Father's Name <i>William Brittingham</i>		Father's Birthplace <i>Somerset Co Md</i>							
Mother's Maiden Name <i>Alice Morgan</i>		Mother's Birthplace <i>Somerset Co Md</i>							
Name of person giving information <i>Marion Dryden</i>		How related to deceased <i>Cousin</i>							

CAUSES OF DEATH

PHYSICIAN CONFIRMER	Primary <i>Typhoid Fever</i>	How long <i>3 1/2 weeks</i>
	Immediate <i>Hemorrhage from bowels & Brain disease</i>	How long <i>3 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Isaac T. Boston</i>
	<i>Head</i>	Address <i>Pocomoke City Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Syneduxent</i> Town <i>Nov.</i> County		MARYLAND	
Date of death 1909 <i>Sept.</i> Month <i>7</i> Day	Age <i>23</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Micomico Md</i>	
Occupation <i>House Wife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Richard Cranfield</i>		
Father's Name <i>Elijah Chatam</i>	Father's Birthplace <i>Micomico Md</i>		
Mother's Maiden Name <i>Olevia Steward</i>	Mother's Birthplace		
Name of person giving information <i>Jessie Turner</i>	How related to deceased <i>"None"</i>		

CAUSES OF DEATH

Primary <i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. L. Tynan</i>
	Address <i>Baltimore Md</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

Best Evergreen

J. H. Burdage

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catherine Culp
Died at *Giddletown* *Worcester* County
Date of death *1909 Sept. 22* Month Day Years
Age *60* Months Days
Sex *Female* Color or Race *White* Birth-place *Ohio*
Occupation *Housewife* Where Residing if not at place of death
Married, Single or Widowed *Widow* Name of Wife or Husband *Peter Culp*
Father's Name *John Huldaman* Father's Birthplace *Ohio*
Mother's Maiden Name *Helena Kline* Mother's Birthplace *Ohio*
Name of person giving Information *Abner Culp* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Carcinoma of Liver* How long *6 months*
Immediate *Exhaustion* How long *3 days*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *John D. Dickerson*
Address *Stockton, Worcester Co.*
Accident or Suicide



Name
in Full

CERTIFICATE OF DEATH

John Lonkin child

Died at *Harvard* Town *Worcester* County **MARYLAND**

Date of death 190 *9* Month *Sept* Day *15* Age *4* Years Months Days

Sex *male* Color or Race *Black* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *John Lonkin* Father's Birthplace *Maryland*

Mother's Maiden Name *Elexander Lonkin* Mother's Birthplace *Maryland*

Name of person giving Information *John Wesley Dennis* How related to deceased _____

CAUSES OF DEATH

Primary *Acute Indigestion* How long *104* *✓* *2 days*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? _____ Signature of Physician *John L. Riley*

_____ Address *Second Hill*

Accident or Suicide _____ *Ind*

Guernsey

L. J. C.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

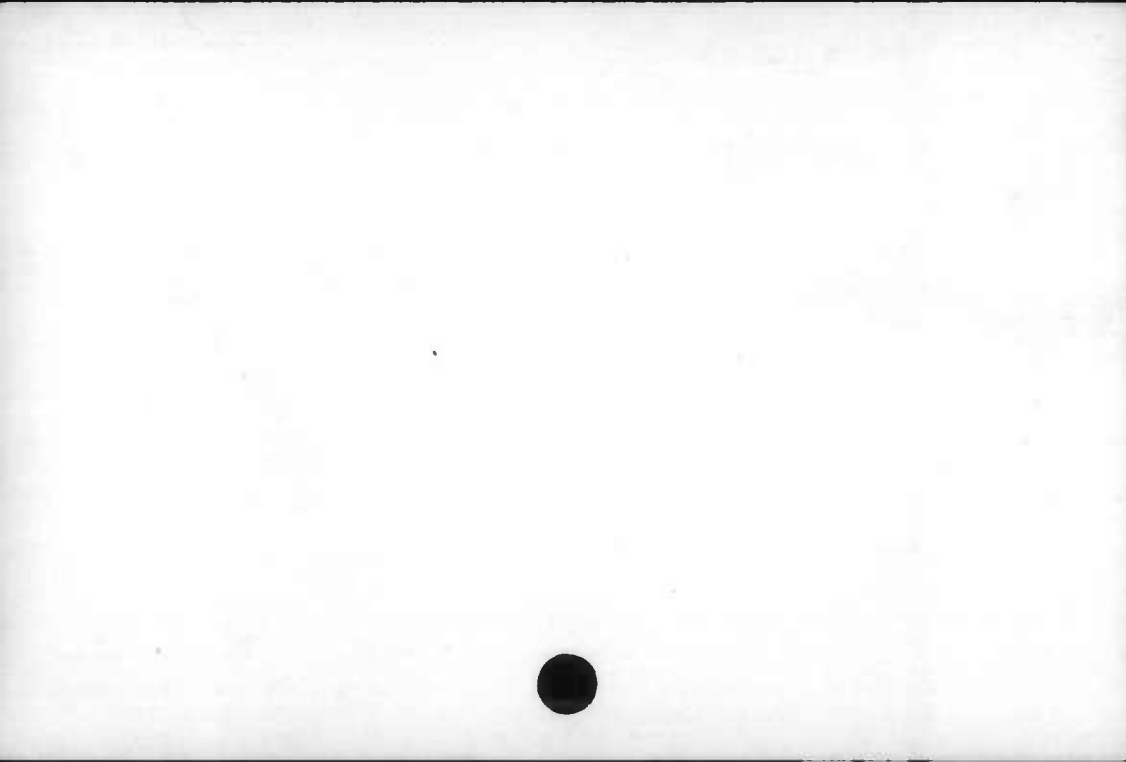
Name in Full <i>Jeanne Marie Henderson</i>		Town <i>Bishop Md</i>		County <i>Herester</i>		MARYLAND	
Died at <i>Bishop Md Rte #1</i>							
Date of death	1909	Month	<i>Sept</i>	Day	<i>7</i>	Age	<i>2</i>
						Months	<i>6</i>
						Days	<i>5</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place		<i>Maryland</i>	
Occupation	<i>None</i>	Where Residing if not at place of death		<i>At home</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband		<i>None</i>			
Father's Name	<i>Amosias Campbell</i>			Father's Birthplace	<i>Maryland</i>		
Mother's Maiden Name	<i>Mary E Henderson</i>			Mother's Birthplace	<i>Maryland</i>		
Name of person giving Information	<i>Charles Bishop</i>			How related to deceased	<i>✓</i>		

CAUSES OF DEATH

175

PHYSICIAN
OR CORONER

Primary	<i>Swallowing concrete pipe</i>	How long	<i>2 months</i>
Immediate	<i>✓</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. P. Collins</i>
		Address	<i>Britainville Md</i>
Accident or Suicide	<i>✓</i>		



Name
in
Full

Rebecca Kelley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sykesmont		County Worcester		MARYLAND	
Date of death		Month Sept.	Day 11	Years 85		Months	Days
Sex	Female		Color or Race	White		Birth-place	Snow Hill
Occupation	House Wife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband		Mrs. Kelley		
Father's Name	John Bowdoin				Father's Birthplace	Wor. Co. Md.	
Mother's Maiden Name	Elizabeth P. Powell				Mother's Birthplace		
Name of person giving Information				Mrs. Kelley		How related to deceased	Husband

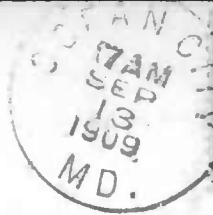
CAUSES OF DEATH

154

✓

PHYSICIAN
OR CORONER

Primary	Old age		How long	
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		J. D. Naggett M.D.		
		Address		
		Ocean City		
		Maryland		
Accident or Suicide				



J. W. Burbage & Co.
Berlin
Md.

Name
in
Full

Sophia E. Maddox

CERTIFICATE OF DEATH

201
MARYLAND

Town

County

Died *near Hollands Church*

Worcester

Date

Month

Day

Age

Years

Months

Days

of death *1909 Sep.*

3

65

22

Sex

Color or
Race

*white
american*

Birth-
place

Worcester co

Occupation

Domestic

Where Residing if not
at place of death

Whiteburg Worcester co

Married, Single
or Widowed

married

Name of Wife or
Husband

Frank E. maddy

Father's
Name

Burnell Duley

Father's
Birthplace

Worcester co

Mother's
Maiden Name

Susan Sanford

Mother's
Birthplace

Dorchester co

Name of person giving
In formation

Martha A. maddy

How related
to deceased

sister

CAUSES OF DEATH

(67) ✓

Primary

Neurasthenia, paresis

How long

2 wks 1 mon, long time

Immediate

Heart failure

How long

4 wks 2 mos

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Paul Jones

Address

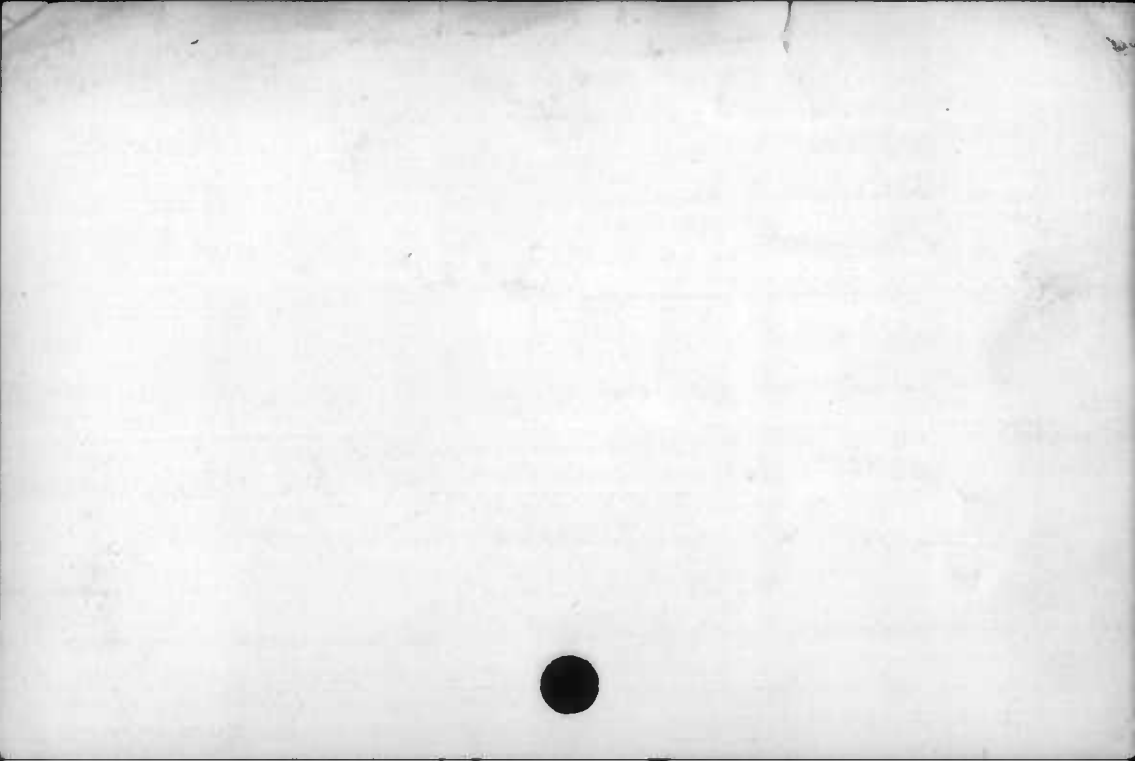
Snow Hill

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

Clara Marton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Ironshire County Mon. **MARYLAND**

Date of death 1909 Sept. 24 Age 50 Months Days

Sex Female Color or Race Col. Birthplace Mon. Co.

Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Carnden, Marton

Father's Name Louisa, Bridell Father's Birthplace Mon. Co.

Mother's Maiden Name Ann, Bridell Mother's Birthplace Mon. Co.

Name of person giving Information Carnden, Marton How related to deceased Husband

CAUSES OF DEATH

Primary No Dr. in attendance How long 179 ✓

Immediate General debility How long

Are the name, age, sex, color, date and place correctly given above?

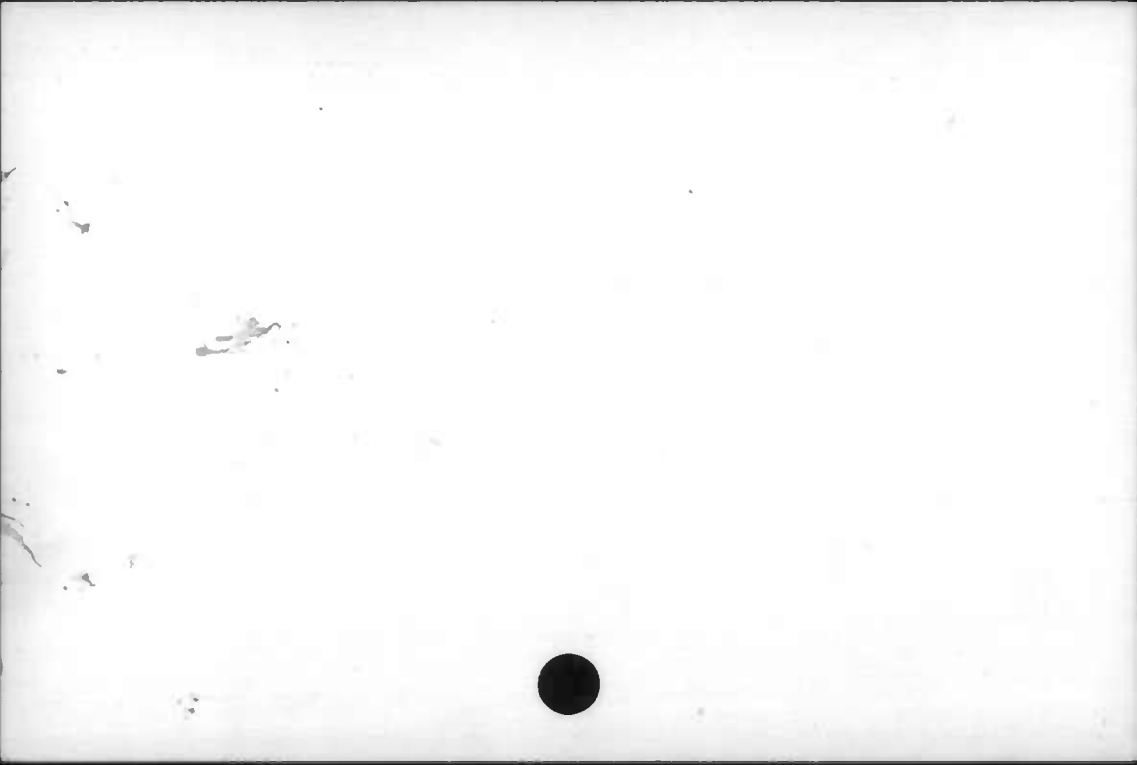
Signature of Physician

Address

Accident or Suicide

D A Massey
Berlin Md

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hloye E. Murroy

Town

County

Died at *Bishop B.R.H.F.D.*

Worcester

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

Sept

9

Age

23

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

House Work

Where Residing if not
at place of death

At Home

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Levin A. Murroy

Father's
Birthplace

Maryland

Mother's
Maiden Name

Annie Nielsen

Mother's
Birthplace

Maryland

Name of person giving
Information

Levin A. Murroy

How related
to deceased

father

CAUSES OF DEATH

(61)

✓

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Meningitis

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

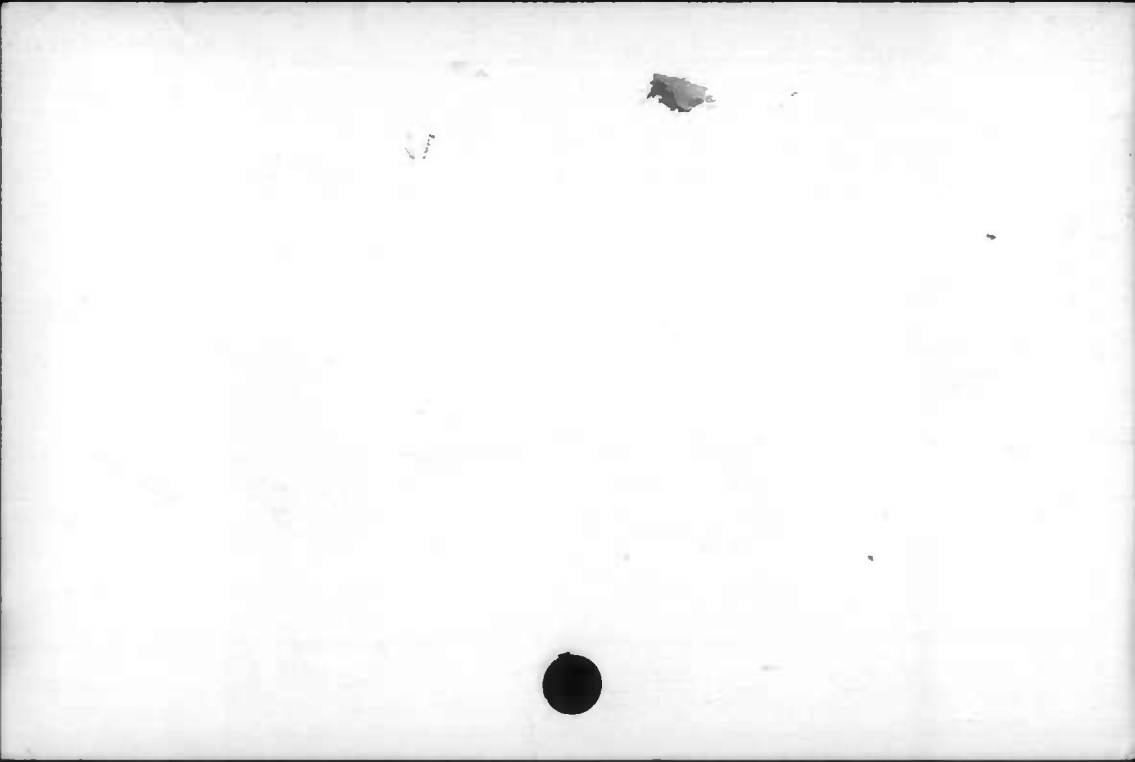
Signature of
Physician

R.P. Collins

Address

Bristow, Md.

Accident or Suicide



Name
in
Full

Gayrilla Burnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Berlin ^{Town} Warcestor ^{County} MARYLAND

Date of death 1909 ^{Month} Sept ^{Day} 10 ^{Years} 22 ^{Months} — ^{Days} —

Sex Female Color or Race Black Birth-place Maryland

Occupation Housekeeper Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband Lehas Burnell

Father's Name Frank Leonard Father's Birthplace Maryland

Mother's Maiden Name Lanta Timmons Mother's Birthplace Maryland

Name of person giving Information Bessie Leonard How related to deceased Sister

CAUSES OF DEATH

Primary Confinement

Immediate Brights

How long 6 mos

How long 6 mos

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

The J. Holland

Berlin

md

Accident or Suicide

Guernsey
C. J. E.

Name
in
Full

William

Robins child

CERTIFICATE OF DEATH

Died at

Berlin

Town

Worcester

County

MARYLAND

Date

of death

1909 Sept

Month

24

Day

Age

Years

Months

2

Days

Sex

Male

Color or
Race

Black

Birth-
place

Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

William Robins

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah M. Lord

Mother's
Birthplace

Maryland

Name of person giving
Information

William Robins

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Wasted away

How long

Immediate

No Doctor

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

O.K.

Address

D A Massey

Berlin Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

L J C Berlin

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

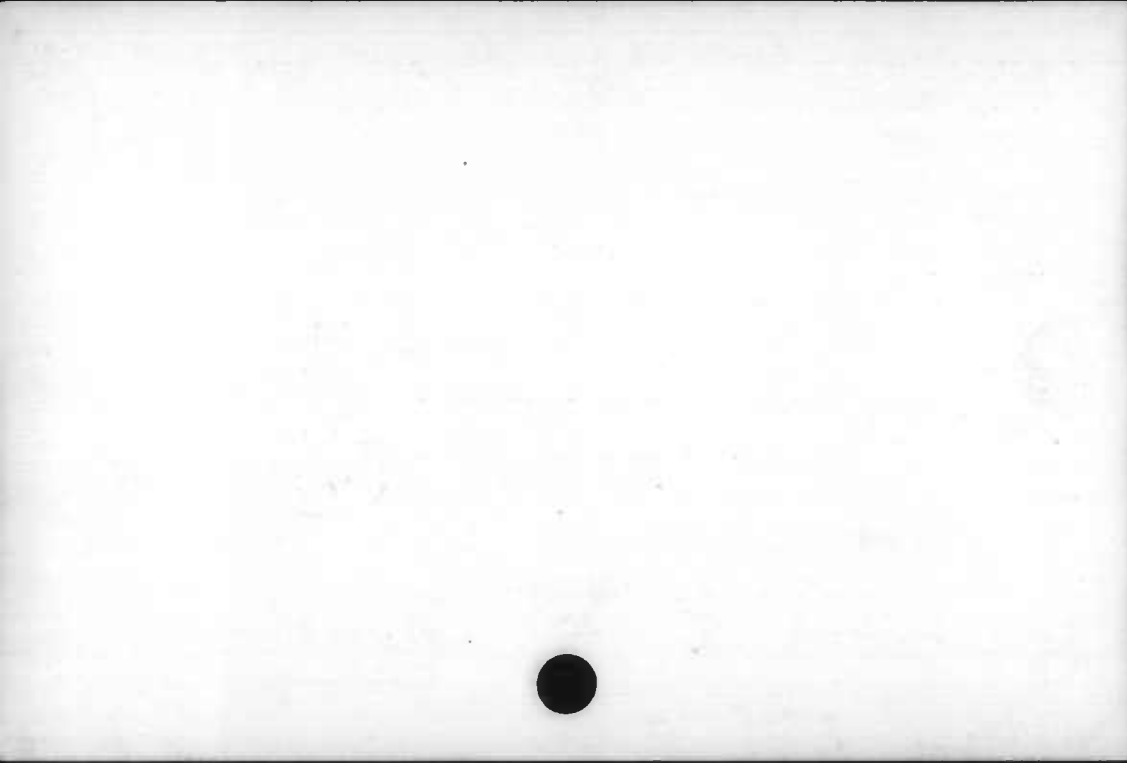
Name <i>Laura C. Stagg</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died <i>9 Sept</i>		Month <i>17</i>		Day <i>17</i>		Years <i>38</i>	
Date of death <i>190</i>		Age <i>38</i>		Months <i>27</i>		Days <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ind</i>			
Occupation				Where Residing if not at place of death			
Married, Single <i>on Widowed</i>		Name of Wife or Husband <i>Robt M Stagg</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>	
Father's Name <i>Littleton Bailey</i>		Mother's Maiden Name <i>Gertrude Davis</i>		How related to deceased <i>Husband</i>			
Name of person giving information <i>Robt M Stagg</i>							

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	<i>Cause of Death & Location</i>	How long	<i>About one year</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Paul Jones</i>	
		Address <i>Snow Hill</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

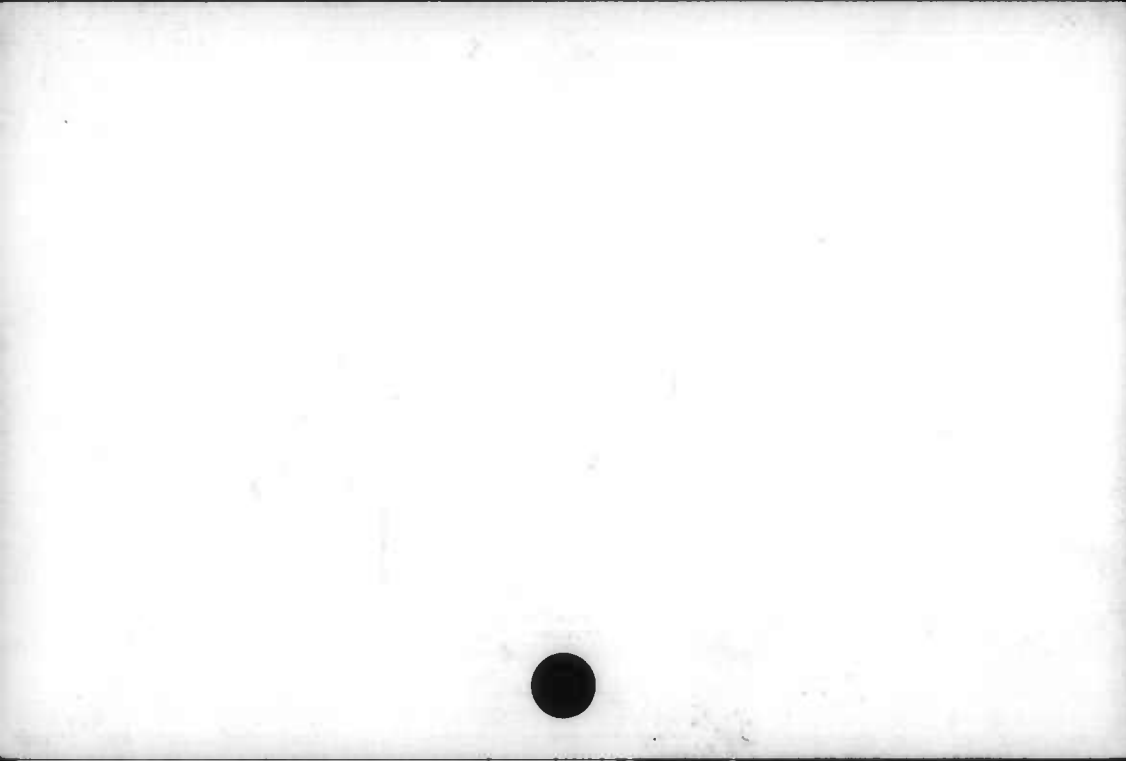
Chester Borger Tilghman
 Died at *Near Somersville City* *Harvest*
 Date of death *1909* *Sept* *18* Age *4* *✓*
 Sex *Male* Color or Race *white* Birth-place *Md*
 Occupation *✓* Where Residing if not at place of death *✓*
 Married, Single or Widowed *✓* Name of Wife or Husband *✓*
 Father's Name *Joseph H Tilghman* Father's Birthplace *Somersville W. Va*
 Mother's Maiden Name *Minnie Dryden* Mother's Birthplace *" "*
 Name of person giving Information *John Tilghman* How related to deceased *uncle*

CAUSES OF DEATH

143 *✓*

PHYSICIAN
OR CORONER

Primary *Tuberculosis* *How long 14 wks*
 Immediate *Exhaustion* *How long 3 days*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *J. M. Wilson*
 Address *Somersville City*
 Accident or Suicide *✓*



Name
in
Full

CERTIFICATE OF DEATH

Henry Haters

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hindletree Hill</i>		County <i>Horsecaston</i>		MARYLAND	
Date of death		Month <i>1909 Sept</i>	Day <i>22</i>	Years <i>61</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rosie J. Haters</i>					
Father's Name <i>Henry Haters</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Rosie J. Collier</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Rosie J. Haters</i>				How related to deceased <i>Husband</i>			

PHYSICIAN
OR CORONER

CAUSES OF DEATH		① ✓	
Primary	<i>Typhoid fever</i>	How long	<i>3 wks</i>
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John L. Riley</i>	
<i>Yes.</i>		Address <i>Snare Hill</i>	
Accident or Suicide <i>No.</i>		<i>Maryland.</i>	

